

Name
in
Full

Henry Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cordova</i> <small>Town</small>		<i>Tallbot</i> <small>County</small>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>26</i>	Age <i>71</i>	Months <i>X</i>	Days <i>X</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Queen Anne Co.</i>		
Married, Single or Widowed <i>Widower</i>		Occupation			
Name of Wife or Husband <i>X</i>					
Father's Name <i>Thomas Anderson</i>			Father's Birthplace <i>Queen Anne Co</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>Benjamin Anderson</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Disease of the Heart</i>	How long <i>3 months</i>
Immediate <i>Myocardial Disease</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>They are</i>	Signature of Physician <i>Chas. H. Rose</i>
	Address <i>Cordova</i>
Accident or Suicide?	



Name
in
Full

Susan A. Arnold

CERTIFICATE OF DEATH

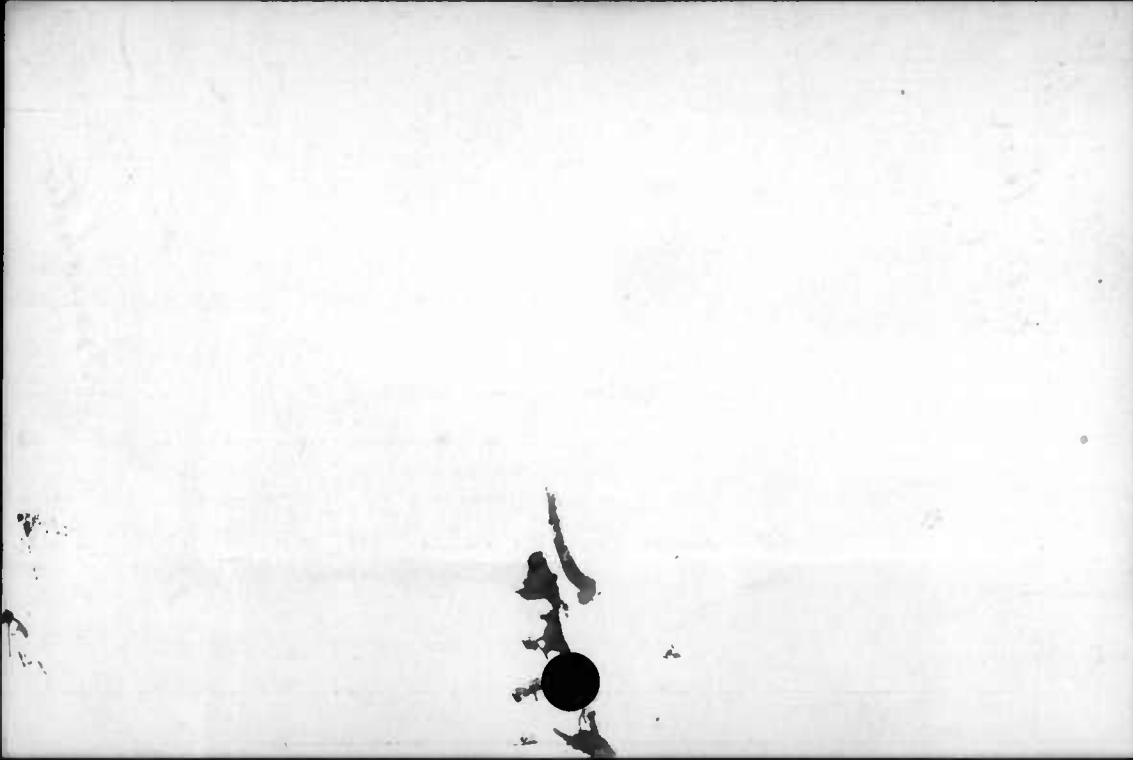
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cordova</i>		Town		<i>Talbot</i>		County		MARYLAND	
Date of death 190	Month <i>May</i>	Day	Years <i>76</i>	Months <i>X</i>	Days <i>X</i>				
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>New York</i>						
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>							
Name of Wife or Husband <i>William S. Arnold</i>									
Father's Name <i>X</i>		Father's Birthplace <i>X</i>							
Mother's Maiden Name <i>X</i>		<i>79</i>		Mother's Birthplace <i>X</i>					
Name of person giving information <i>Sister</i>		How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Disease of the Heart</i>	How long <i>6 months</i>
Immediate <i>Bright's disease acute</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>They are</i>	Signature of Physician <i>Chas. H. Rose</i>
	Address <i>Cordova, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Harriett Cooper

Town

County

Died at

Withman

Talbot,

MARYLAND

Date

Apr 3 Mon

Age

Not known

Native of

Md

Occupation

Cook

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Cause of

Primary

Alcohol

Death

Immediate

Heart Failure

How long sick

Six months

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Loren Dorman.

CERTIFICATE OF DEATH

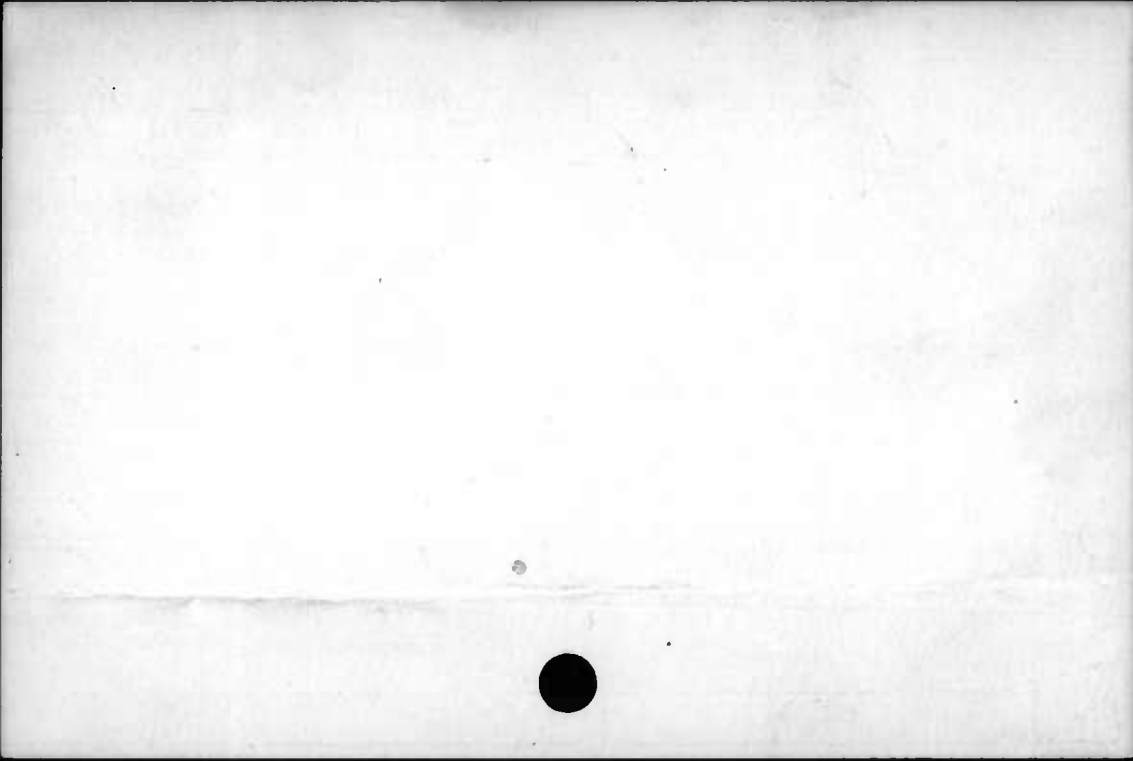
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Oxford.</i>		County <i>Talbot</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>14</i>	Age <i>62</i>	Years	Months <i>3</i>	Days <i>17</i>	
Sex <i>Male</i>	Color or Race <i>Colored.</i>		Birth- place <i>Princess Anne</i>				
Married, Single or Widowed <i>Married.</i>			Occupation <i>Cystriman</i>				
Name of Wife or Husband <i>Elizabeth</i>							
Father's Name <i>Isiah Dorman. 48</i>				Father's Birthplace <i>Princess Anne</i>			
Mother's Maiden Name <i>Gatti Denny.</i>				Mother's Birthplace <i>Princess Anne.</i>			
Name of person giving In formation <i>Emma Dorman.</i>				How related to deceased <i>Daughter.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Rheumatism.</i>	How long <i>All winter.</i>
Immediate <i>Acute Nephritis</i>	How long <i>About 7 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Stevens</i>
	Address <i>Oxford</i>
Accident or Suicide?	<i>md.</i>



Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town
Easton

County

Talbot -

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

03 May 29 Age 20 - - U.S.A. Laundryman

~~Married~~~~Widow~~~~Divorced~~

Single

~~Widower~~

Number of children living

?

Husband of

Wife

Father's Name John Green

Mother's Maiden Name

Sarah Williams

Cause of Primary Enteric - Colitis - Meningitis

How long sick 6 wks

Death Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by Chas. J. Davidson M.D.

Address Easton, Md

100

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79998



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Easton Town

Talbot County

MARYLAND

Date

of death 190

3

Month

May

Day

21

Years

Age 23

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Md

Married, Single
or Widowed

Married

Occupation

Domestic

Name of Wife or
Husband

Joseph Palmer

Father's
Name

Henry Sullivan

Father's
Birthplace

D.C. Co., Md

Mother's
Maiden Name

Mortimer Waters

Mother's
Birthplace

Talbot Co., Md

Name of person giving
In formation

Henry Sullivan

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pulmonary Thrombosis

How long

6 hours

Immediate

Heart Failure

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. Smith

Easton

Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

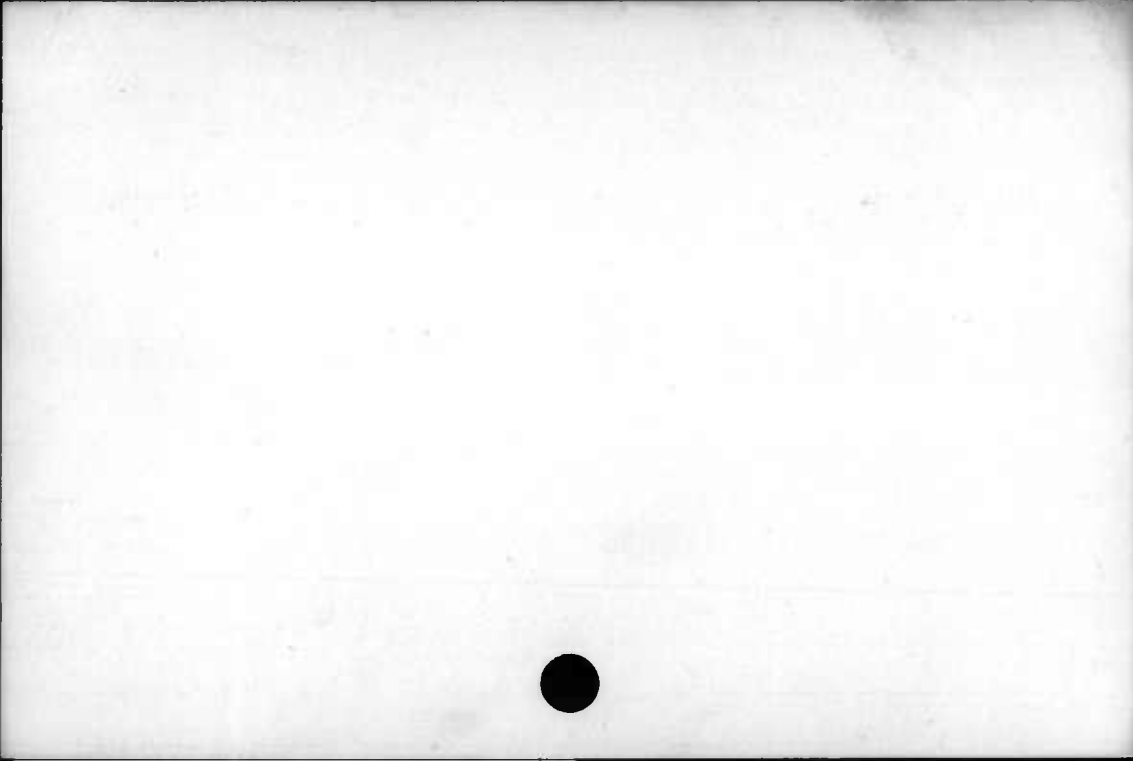
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Talbot		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1903	May	29	Not known				
Sex	Male	Color or Race	Colored	Birth-place	Not known		
Married, Single or Widowed	Widowed		Occupation	Farm Hand.			
Name of Wife or Husband	Josephine Joshua						
Father's Name	Not known				Father's Birthplace	Not known	
Mother's Maiden Name	Not known				Mother's Birthplace	Not known	
Name of person giving Information	George Joshua.				How related to deceased	son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	3 wks
Immediate	Heart Failure	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ab. J. B. Slick.
		Address	S. J. Michaels.
Accident or Suicide?	No		Ind.



Name
in
Full

William T. Kinnaman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

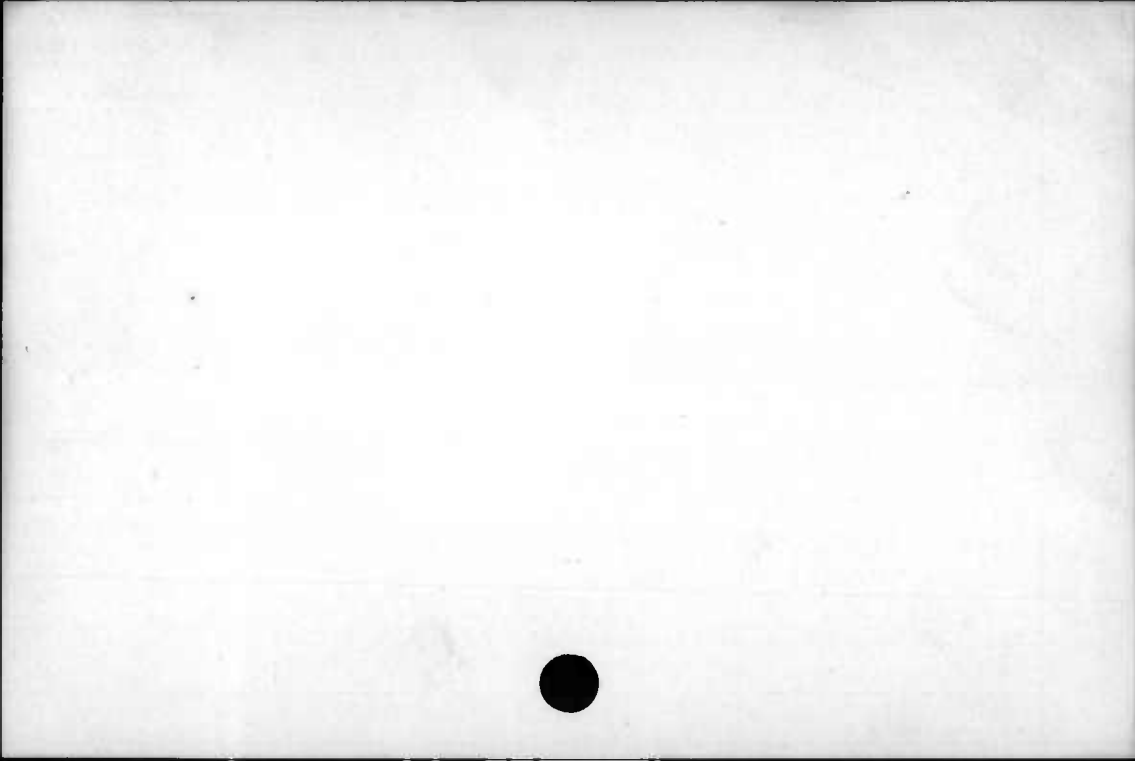
MARYLAND

Died at <u>Chapel</u> <small>Town</small>		<u>Tulbut</u> <small>County</small>			
Date of death 190 <u>3</u>	<u>May</u> <small>Month</small>	<u>23</u> <small>Day</small>	<u>64</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Blk</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Widower</u>			Occupation <u>Laborer</u>		
Name of Wife or Husband .					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <u>20</u>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bright's Disease</u>	How long <u>1 yr</u>
Immediate <u>Brain Coma</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. B. Smith</u>
	Address <u>Eastern Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

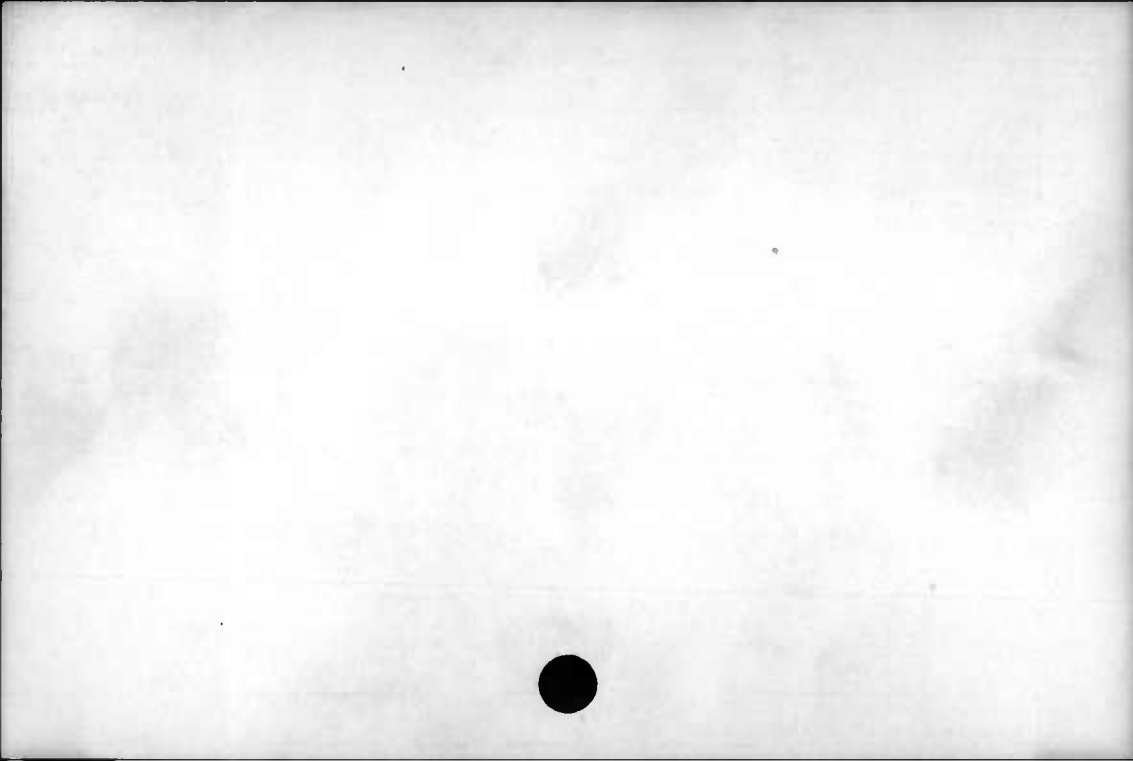
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Henrietta Lloyd</i>		Town <i>Cumtux</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Cumtux</i>		Month <i>May</i>		Day <i>15</i>		Years <i>49</i>	
Date of death 1903		Month <i>May</i>		Day <i>15</i>		Age <i>49</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Talbot Co., Md</i>		Months <i>—</i>	
Married, Single or Widowed <i>Widow</i>		Occupation <i>House</i>		Name of Wife or Husband <i>Perry Lloyd</i>		Days <i>—</i>	
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Name of person giving Information		79		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Aortic Valvular Disease</i>		How long <i>1 hr</i>	
Immediate <i>Heart Failure</i>		How long <i>1 hour</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>[Signature]</i>	
		Address <i>Cumtux Md</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

Date 19

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Susanne Marshall

Town

County

Wittman

Talbot

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

03 May 14

Age 73-6-29

Md. Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Maiden Name

How long sick

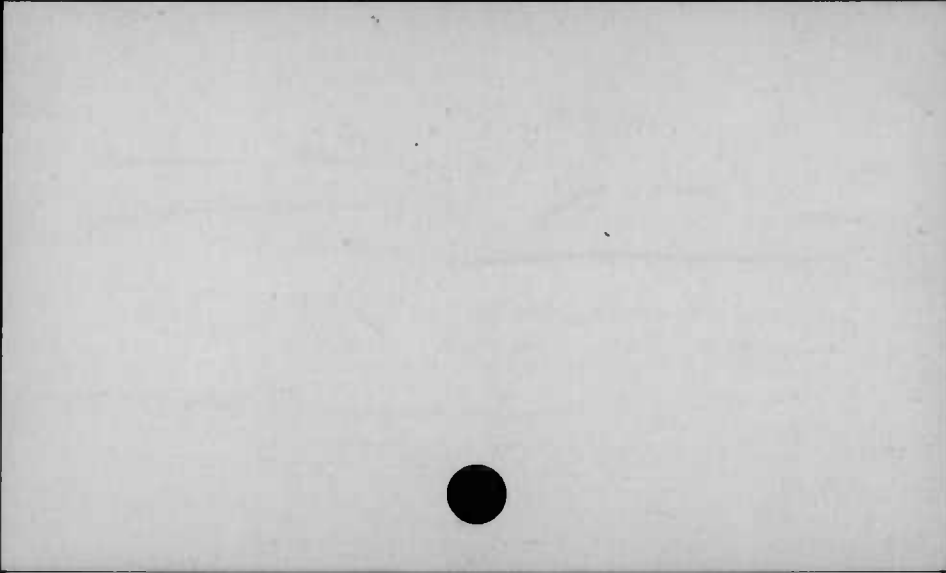
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Percy Nicols (illegitimate)

Town

County

Died at

MARYLAND

Date 1903 5 - 15 3 29
 Month Day Y. M. D. Native of Occupation
 Male White Married Widow Divorced
~~Female~~ Colored Single Widower Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

How long sick

Cause of

Primary

Immediate

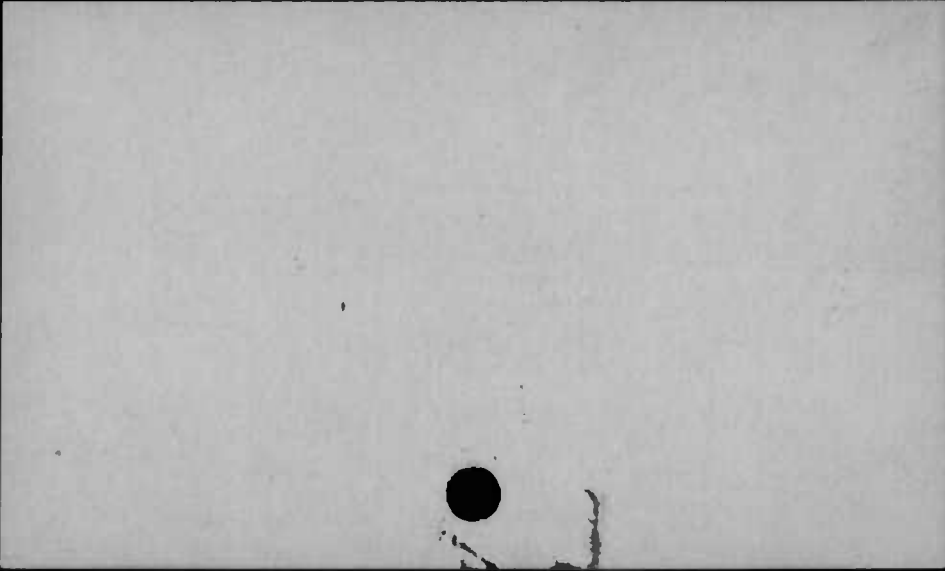
Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85988



Name In Full

Certificate of Death

Died at

Date 19

Male

~~Female~~

Month

Day

Age

Y.

M.

D.

Native of

Occupation

MARYLAND

~~Husband~~ of~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



William A. Perkins

Town
Easton

County

Talbot

MARYLAND

Died at

Date 19 03 May 4 Age 38-3-7 Native of U.S.A Occupation Hooper

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband of

Mary J. Perkins

Father's Name

Mother's

Maiden Name

Rebecca Perkins

Cause of

Primary

Pistol Bullet in abdomen

How long sick

30 hrs

Death

Immediate

Shock 176

Accident, Suicide, Homicide

Reported by

Chas. J. Davidson,
Easton, Md.

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Name In Full

Certificate of Death

James C. Price

Town

County

Tallor.

MARYLAND

Died at

Date	1903	Month	Day	Y.	M.	D.	Native of	Occupation
		May	10	40	-	-	Ind	Car Inspector
Male		White		Married			Widow	Divorced
Female		Colored		Single			Widower	Number of children living
								2

Husband of

Wife

Father's Name	Mother's Maiden Name
John M. Price	Elizabeth Seegar

Cause of Death	Primary	Immediate	How long sick
	Typhoid Fever	2 hours	6 weeks
			Accident, Suicide, Homicide

Reported by

Address

Julius A. Johnson
 East Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

Ada M Roberts

CERTIFICATE OF DEATH

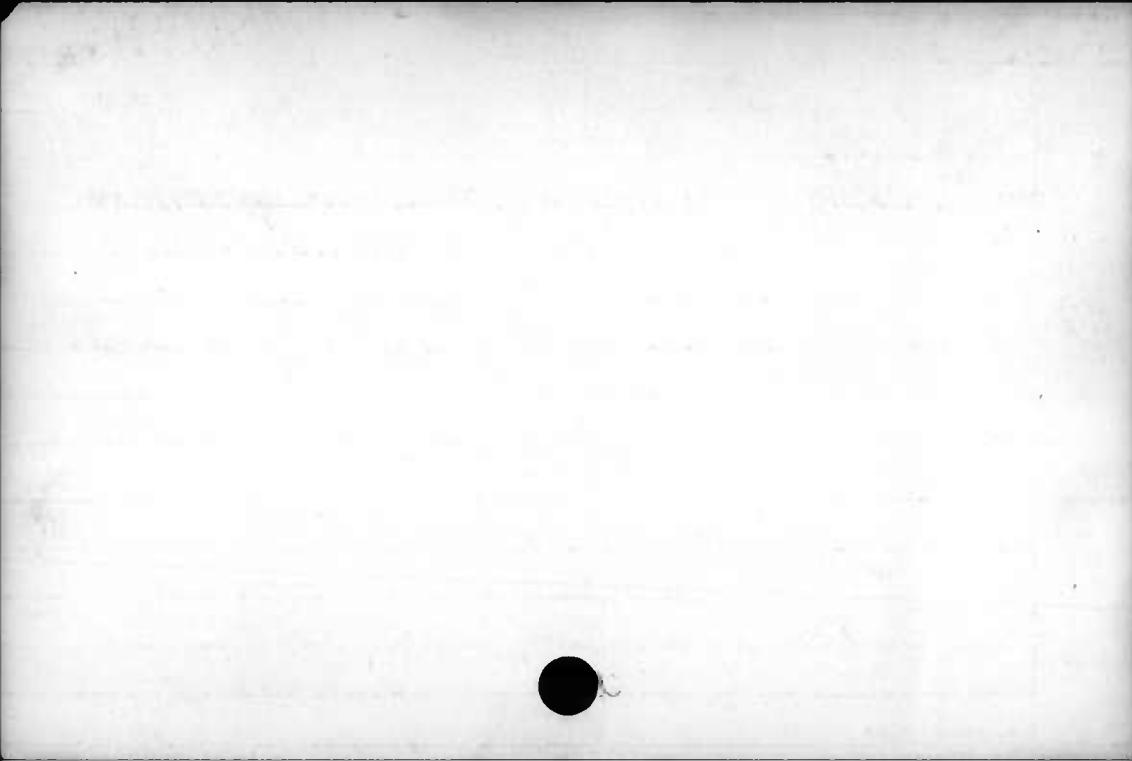
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Michaels</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>21</u>	Age <u>0</u>	Years <u>8</u>	Months <u>22</u>
Sex <u>Female</u>	Color or Race <u>Dark</u>	Birth-place <u>St Michaels</u>			
Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> or Widowed <u>Single</u>		Occupation <u>none</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Owen Roberts</u>			Father's Birthplace <u>Talbot Co</u>		
Mother's Maiden Name <u>Agness Munn</u>			Mother's Birthplace <u>Talbot Co</u>		
Name of person giving information <u>Agness Munn</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>7 months</u>
Immediate <u>same</u>	How long <u>27</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Munn is attendant</u>
<u>E. P. Sparks F.D.</u>	Address <u>St Michaels</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alice Simpson</i>		Town <i>Baltimore</i>		County <i>Patuxent</i>		State <i>MARYLAND</i>	
Died at <i>Baltimore</i>		Month <i>May</i>		Day <i>25</i>		Age <i>14</i>	
Date of death 190 <i>3</i>		Month <i>May</i>		Day <i>25</i>		Age <i>14</i>	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Talbot Co</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Henry Simpson</i>		Father's Birthplace <i>Talbot Co</i>					
Mother's Maiden Name <i>Alice Jackson</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Alice Simpson</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>6 months</i>
Immediate <i>Consumption</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Sam. E. Triplett</i>
	Address <i>Royal Oak, Md.</i>
Accident or Suicide? <i>—</i>	

Bearers

Mr Smith Sr

Charles Summers

Belle Smith

Frank Roberts

Relations

Ellen Moore John

Bella "

George Jones

Sumner Anne

Lucie "

Walter

Geo. Ferguson Family

Mandy Bell "

Geo. + Mary Ross Family

Martha Ross "

Name In Full

Certificate of Death

John N. Thompson (Thompson)
 Town *East-* County *Zach-* MARYLAND

Died at

Date 1903 May 10- Month Day Y. M. D. Native of Ma Occupation Laborer
 Male ~~White~~ Married ~~Widow~~ Divorced
~~Female~~ Colored ~~Single~~ Widower Number of children living 5

Husband of *Christie Thompson*
~~Wife~~

Father's Name *John N. Thompson* Mother's Maiden Name *Ans. - 1000*

Cause of Death Primary *Paralysis* Immediate *Exhaustion* How long sick 2 wks.
~~Accident, Suicide, Homicide~~

Reported by *Julius A. Johnson*
 Address *East - Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Hugh Burnett Vallant

Town

County

MARYLAND

Died at

Fairbanc

Talbot

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

May 6

Age

77-7-6

Md

Farmer

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Jeremiah Vallant

Harriet Smith

Cause of

Primary

Acute Dysentery

How long sick

2 days

Death

Immediate

Accident, Suicide, Homicide

14

Reported by

Dr. A. K. Wilson

Address

Tilghman Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73898



Name In Full

Certificate of Death

Nannie Viney

Town

County

Gallatin

MARYLAND

Died at

June's Mills

Date 19

03

Month

May

Day

1

Y.

M.

D.

Age

18-4-14

Native of

U.S.A.

Occupation

Servant

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

James Viney

Mother's

Maiden Name

Mary Thomas

Cause of

Primary

Tuberculosis Pulmonaris

How long sick

2 yrs

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Chas. J. Davidson

Address

Easton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70598



Name in Full

Certificate of Death

Lydia Rebecca Wrightson
 Died at McDaniel Town Zalbot County MARYLAND
 Date 1903 Month May Day 13 Y. M. D. Native of MD Occupation Housewife
~~Male~~ White Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored Single Widower Number of children living none

~~Wife~~ of Joshua G. Wrightson
 Father's Name Stephen Summers Mother's Name Assurance Albenzer
 Cause of Death { Primary Acute Nephritis How long sick 1 wk
 Immediate uraemia 119 ~~Accident, Suicide, Homicide~~
 Reported by Dr. S. K. Wilson
 Address Gilghman, MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

